

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155672		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/10/2011	
NAME OF PROVIDER OR SUPPLIER  HAMILTON GROVE				STREET ADDRESS, CITY, STATE, ZIP CODE 31869 CHICAGO TRAIL NEW CARLISLE, IN46552			
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K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 05/10/11</p> <p>Facility Number: 000427 Provider Number: 155672 AIM Number: 100275150</p> <p>Surveyor: Richard D. Schade, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Hamilton Grove was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p>			K0000	<p>Neittiher ttihe signing nor ttihe submission off ttiis plan off correction shall consttittittie an admission or any defficiency off any ffactti or conclusion setti fforttih in ttihe sttiatttiementti off defficiencies. This plan off correction is being submitted in good ffaittih by ttihe ffacilittiy because ttihe law requires itti.The ffacilittiy reserves ttihe rightti ttio conttiestti ttihe sttiatttiementti off defficiencies.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	<p>This one story facility determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, resident sleeping rooms and spaces open to the corridors. The facility has a capacity of 85 and had a census of 77 at the time of this survey.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 05/12/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0143 SS=E	<p>Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 liquid oxygen storage areas was provided with signage indicating oxygen transferring is occurring. This deficient practice could affect residents, staff and visitors in and near the oxygen storage and transfilling room.</p> <p>Findings include:</p> <p>Based on observation with the maintenance supervisor and facility administrator during the tour of the facility at 3:10 p.m. on 05/10/11, the facility's oxygen storage and transfilling room was not provided</p>			K0143	<p>K 143</p> <p>On May 16, 2011 a sign was posted on the exterior Oxygen room in large legible letters indicating Transferring Oxygen. In addition, a sign with a slide indicating "Open" / "In Use" was attached on the side wall of the Oxygen door so staff may alert others approaching inside the Oxygen room (see exhibit #1). There is no other area of the building where this alleged deficient practice occurs. Maintenance Director/Designee will visually inspect the position of the signs during monthly environmental rounds to ensure continued compliance. His/Her findings will be submitted to the Quality Assurance Committee for further review and recommendations.</p> <p>The task was completed on Monday</p>		05/24/2011

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K0144 SS=F	with a sign indicating transferring of oxygen was occurring. Based on interview at the time of observation, the maintenance supervisor and administrator acknowledged the transferring of oxygen does occur in the oxygen storage and transfilling room and no sign indicating the transferring of oxygen was occurring in the facility's oxygen storage and transfilling rooms was provided.  3.1-19(b)				May 16, 2011		
	Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on record review and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with			K0144	K 144  On Thursday, May 12, 2011 a new remottie manual break glass sttiop sttiattion designed ttiio shutti down ttihe emergency generattior was insttialled outtside ttihe room housing ttihe generattio(cff. Exhibitti 2 and 3). Itti is clearly marked in large legible lettiers This emergency swittich provides ffor ttihe shutting down ttihe engine atti ttihe engine ffrom a remottie		05/24/2011

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	<p>NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for the shutting down the engine at the engine and from a remote location. This deficient practice could affect all residents, staff and visitors in the event of an emergency.</p> <p>Findings include:</p> <p>Based on review of the Generator Maintenance records on 05/10/11 at 2:45 p.m. with the maintenance supervisor and facility administrator, there was no documentation available which</p>				<p>location</p> <p>There is no other area off the building where this alleged deficient practice occurs</p> <p>The maintenance Director/Designee will visually inspect the remote manual stop station to ensure continued compliance during the monthly environmental rounds. His/Her findings will be submitted to the Quality Assurance Committee for further review and recommendations.</p> <p>The date by which the systemic changes will be completed is May 24, 2011.</p>		

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	<p>indicated the horsepower ratings of the generator engine provided. Based on interview with the maintenance supervisor during record review, he stated no remote shut off device existed for the generator. The maintenance supervisor indicated the generator was installed before 2003.</p> <p>3.1-19(b)</p>						